REQUEST FOR VETERINARY CHIROPRACTIC, MASSAGE & REHABILITATION EXAMINATION AND TREATMENT

Date: ________________________________

Client Name: ________________________________________________________________

Patient Name: __________________________ Species: Canine  Feline  Equine  Other:________________

Breed: ______________________________________________________________________

Age: ________________________________  Sex:  Male / Neutered  Female / Spayed

Clinic/Hospital: ___________________________________________________________________

Veterinarian: ___________________________________________________________________

Phone: ___________________________  Fax: ________________________________

PRIMARY VETERINARIAN:

The above patient is referred to Dr. Jamie Mabeus, DC, CVSMT, CVMRT for a chiropractic, massage and/or rehabilitation evaluation and treatment. I give my consent to Dr. Jamie Mabeus to treat the above named animal and to develop a treatment plan appropriate to this animal’s needs.

________________________________________________________________________________

Veterinarian’s Signature  Date

Date of last physical examination: _______________________________________________________

I would like a copy of the referral report via:  FAX  or  EMAIL: ____________________________

Additional Notes:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Dr. Jamie Mabeus is a licensed chiropractor who completed 226 hours of post-graduate education specifically in animal chiropractic and an additional 142 hours of post-graduate education in veterinary massage and rehabilitation, emphasizing functional neurology, muscular and osseous anatomy specific to large and small animals. Additionally, chiropractic, massage and rehabilitation are complementary methods of care and do not replace traditional veterinary medicine. All of Dr. Jamie’s patients are required to stay up-to-date with their veterinarian.

Please fax signed copy to: (262) 649-3600  Thank you!